

Vonda M. Wallace  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/830838**

CLAIMS

AS FILED	IND.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
		IND.	DEP.	IND.	DEP.						
1	/					51					
2	/					52					
3	21					53					
4	21					54					
5	21					55					
6	1					56					
7	1					57					
8	1					58					
9	1					59					
10	1					60					
11	81					61					
12	81					62					
13	1					63					
14	1					64					
15	1					65					
16	22					66					
17	22					67					
18	1					68					
19	22					69					
20	22					70					
21	22					71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL	5					TOTAL IND.					
L	21					TOTAL DEP.					
	21					TOTAL CLAIMS					